# SLE DOES NOT MEAN HOPLESS CASE

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Ass. Lect.

Dep. 3

- Female patient 27 years old diagnosed as lupus arthritis and muco-cutaneous lupus since 2008 and on her regular treatment (prednisolone 30 mg/d, azathioprine 150 mg/d and hydroquine 200 mg/d and local sunscreen cream).
- She is always complaining of recurrent UTI, chronic PID 2ry to IUD, and sometimes steroid induced psychosis which needed dose modification many times.



- She is not compliant on treatment as she is poor and always depressed.
- On 2010, due to resistant PID, her physician advised her to remove IUD and to use other methods for contraception.
- O Unfortunately, she developed HTN when she used OCP and injections caused abnormal uterine bleeding.

- So, she was advised to use physical methods.
- On June 2010, she discovered that she was pregnant (6 weeks).
- She was followed by Ob/G and he advised her to modify her treatment according to her new situation.

- She came to our OPC and the following data were revealed
  - o Bl/pr 150/100 mmHg
  - o HR 80 beats/min
  - o RR 16/min
  - o temp normal
  - Puffy face and eyelids
  - Extensive lower limb oedema till anterior abdominal wall

- o Following investigations were done
  - o ESR 1<sup>ST</sup> hr 110 and 2<sup>nd</sup> hr 140
  - o CRP 6
  - Serum creatinine 2.5 mg/dl
  - Serum albumin 2.5 g/dl
  - O CBC Hb 10g/dl (microcytic hypochromic) WBC 4500 with normal diff. count PLT 130,000
  - o 24 hr urine showed albuminuria of 3.8 g/d
  - o ALT and AST normal
  - o ANA and Anti DNA of high titer
  - O Urine analysis showed Alb +++ WBC 10-12 cell /HPF RBC 15-20 cell/HPF
  - O U/S moderate ascites, right pleural effusion, fatty liver and viable single foetus matching with calculated age.

- What do you recommend?
  - o In modification of treatment?
  - o In investigations?
  - To terminate or to continue?

- Our team recommended her admission for more evaluation and she was on the following treatment
  - Prednisolone 60mg/dl
  - Azathioprine 150mg/dl
  - Hydroquine 200mg/dl
  - Aldomet 250mg t.d.s
  - Aspirin 100mg/d

#### The followings were done

- o Fundus examination was free
- o ECG was free
- o Anti phospholipid antibodies were -ve
- Rising serum creatinine 3 then 3.5 then
  3.8 mg/dl over three successive days
- Uncontrolled HTN even after adding nifidipine retard 20mg 2 tab t.d.s
- o Serum Alb. 2.3 g/dl
- o More oedema (anasarca)

On 13<sup>th</sup> week of pregnancy, patient insisted to terminate her pregnancy.

She was right or not?

o Conflict was present and the patient insisted to be discharged and she terminated her pregnancy in a private hospital on her 13<sup>th</sup> week.

#### Within 2 weeks the following happened

- Serum creatinine declined to return to 1.2 mg/dl after 6 weeks
- o Serum Alb returned to normal after 4 weeks
- Blood pressure was controlled on just aldomet 250mg b.d.s
- o ESR 1st hr 25 & 2nd hr 35
- O CBC Hb 10.5 g/dl microcytic hypochromic WBC and PLT were normal
- Oedema disappeared completely
- What do you think?

### She was on the following treatment

- o Prednisolone 20mg/day
- o Azathioprine 150 mg/day
- o Hydroquine 200 mg/day
- o And other supportive adjuvant therapy.
- o Aldomet 250 mg b.d.s

## OThis is not the end of

our story.....

• We advised her to be stick to our clinic and follow us strictly and she was fully evaluated up to ECHO. O You may ask why renal biopsy or C1q or C3 or C4 were not done?

1<sup>ST</sup> she refused biopsy many times.

2<sup>nd</sup> she is so poor and these investigations were not available at MUH.

On August 2011, she discovered that she is pregnant and a surprising thing that she was so normal over her pregnancy even she insisted to continue her pregnancy till the 38<sup>th</sup> week and the only change was to add nifidipine retard 20 mg b.d.s and increasing aldomet to be 250 mg t.d.s.

- C.S was done and she was received a so nice healthy female baby and till now she is following with us.
- O I think that it is unexpected happy end.....

# Thank you